



Prevalence of unmet health care needs and description of health care-seeking behavior among displaced people after the 2007 California wildfires

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Abstract:

OBJECTIVES: The southern California wildfires in autumn 2007 resulted in widespread disruption and one of the largest evacuations in the state's history. This study aims to identify unmet medical needs and health care-seeking patterns as well as prevalence of acute and chronic disease among displaced people following the southern California wildfires. These data can be used to increase the accuracy, and therefore capacity, of the medical response. **METHODS:** A team of emergency physicians, nurses, and epidemiologists conducted surveys of heads of households at shelters and local assistance centers in San Diego and Riverside counties for 3 days beginning 10 days postdisaster. All households present in shelters on the day of the survey were interviewed, and at the local assistance centers, a 2-stage sampling method was used that included selecting a sample size proportionate to the number of registered visits to that site compared with all sites followed by a convenience sampling of people who were not actively being aided by local assistance center personnel. The survey covered demographics; needs following the wildfires (shelter, food, water, and health care); acute health symptoms; chronic health conditions; access to health care; and access to prescription medications. **RESULTS:** Among the 175 households eligible, 161 (92.0%) households participated. Within the 47 households that reported a health care need since evacuation, 13 (27.7%) did not receive care that met their perceived need. Need for prescription medication was reported by 47 (29.2%) households, and 20 (42.6%) of those households did not feel that their need for prescription medication had been met. Mental health needs were reported by 14 (8.7%) households with 7 of these (50.0%) reporting unmet needs. At least 1 family member per household left prescription medication behind during evacuation in 46 households (28.6%), and 1 family member in 48 households (29.8%) saw a health care provider since their evacuation. Most people sought care at a clinic (24, 50.0%) or private doctor (11, 22.9%) as opposed to an emergency department (6, 12.5%). **CONCLUSIONS:** A significant portion of the households reported unmet health care needs during the evacuations of the southern California wildfires. The provision of prescription medication and mental health services were the most common unmet need. In addition, postdisaster disease surveillance should include outpatient and community clinics, given that these were the most common treatment centers for the displaced population.

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Resource Description

Exposure :

weather or climate related pathway by which climate change affects health

Extreme Weather Event, Human Conflict/Displacement

Extreme Weather Event: Wildfires

Geographic Feature: ☒

resource focuses on specific type of geography

None or Unspecified

Geographic Location: ☒

resource focuses on specific location

United States

Health Impact: ☒

specification of health effect or disease related to climate change exposure

Cardiovascular Effect, Infectious Disease, Injury, Mental Health/Stress, Morbidity/Mortality, Respiratory Effect

Infectious Disease: Foodborne/Waterborne Disease

Foodborne/Waterborne Disease (other): gastrointestinal symptoms

Mental Health Effect/Stress: Mood Disorder, Schizophrenia/Delusional Disorder

Respiratory Effect: Asthma, Chronic Obstructive Pulmonary Disease, Other Respiratory Effect

Respiratory Condition (other) : respiratory symptoms

Population of Concern: A focus of content

Population of Concern: ☒

populations at particular risk or vulnerability to climate change impacts

Children, Elderly

Resource Type: ☒

format or standard characteristic of resource

Research Article

Timescale: ☒

time period studied

Time Scale Unspecified